

Last, First Name: \_\_\_\_\_

**Disease Detective Camp**  
Summer 2006 Application

Applicant Information.

Camp Session Applying for:

Session 1 June 26-30 \_\_\_\_\_

Session 2 July 17-21 \_\_\_\_\_

Note: Students applying to both sessions will not be able to indicate a preference for either session.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Grade Attending \_\_\_\_\_  
(note: must be a *rising* high school junior or senior to attend camp)

School Attending \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_

T shirt size \_\_\_\_\_

During the week prior to the *Disease Detective Camp*, the museum educator will contact the camper directly. Please circle the method of communication and time that would be best to reach you. List email address or phone number below.

Circle:      Email    or    Phone

Email/Phone #: \_\_\_\_\_

Time preference: \_\_\_\_\_

## Getting to Know You Questions

**On a separate sheet, please type your responses to the four questions listed below. Include your name on your answer sheet and attach it to this application.**

1. Tell us why you would like to attend the *Disease Detective Camp*. (250 words or less)
2. Tell us something interesting about yourself that you think we should know. (150 words or less)
3. What has been your favorite learning experience? This does not have to be limited to a school experience. (no word limit)
4. Right now I think I want to be a \_\_\_\_\_ when I finish school. Please tell us why. (150 words or less)

Disease Detective Camp Conditions. Student must initial indicating that you have read and agree to each statement.

\_\_\_\_\_The *Disease Detective Camp* is a voluntary attendance camp; campers should arrive eager to participate in the scheduled activities. Campers are expected to arrive in a timely manner.

\_\_\_\_\_I have read the Frequently Asked Questions at [www.cdc.gov/global](http://www.cdc.gov/global)

\_\_\_\_\_Campers must show picture ID each day of the camp and are required to wear a CDC issued ID badge. This is for the safety of each camper.

Signature of Applicant

Date

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## Parent/Guardian Information

Name of Parent/Guardian (printed) \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

### Emergency Contact Information

Please list two daytime emergency contacts other than parent/guardian above.

1. Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### Waver and Release – Initial indicating that you have read and agree to each statement.

\_\_\_\_ I grant permission for CDC staff to take pictures of my child to be used for marketing purposes without compensation or time limitation.

\_\_\_\_ I grant permission for my child to participate in all camp activities including: lab activities, and campus tours.

\_\_\_\_ I understand there is no cost associated with the *Disease Detective Camp*.

\_\_\_\_ I will ensure my child will have transportation to and from the CDC Roybal Campus on Clifton Road in Atlanta, Georgia each day. Lodging and transportation will not be provided by CDC.

\_\_\_\_ I have read and understand the rules of the *Disease Detective Camp* listed on page 1 of this application.

Signature of Guardian/Parent

Date

\_\_\_\_\_